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ABSTRACT

This newsletter issue focuses on collaborating and coordinating services to assist families in stressful situations such as being afflicted with AIDS, being homeless, and experiencing intervention from child protection authorities. The newsletter includes the following articles: (1) "Finding Sources of Public Funding for Your Family Resource Program"; (2) Partners for Success: Family Support for Formerly Homeless Families"; (3) "Minnesota Early Childhood Family Education: Evaluation Results"; (4) "So You're Planning a Family Resource Center: Considerations To Guide the Process"; (5) "Promoting Family-Centered Services in Health Care and Beyond"; (6) "Comprehensive AIDS Family Care Center: A Model Treatment Program in the Bronx"; "IN-PACT: Indiana's Family Support Program for People with Developmental Disabilities"; (7) "Including Fathers in Family Work: Now It's More than Just Talk"; (8) "Understanding Adults' Education and Learning Styles Helps Build Partnerships with Parents"; and (9) "U-Turn: Promoting Healthy Changes in Families with Chronic Child Protection Problems." In addition, the newsletter includes an article for family support professionals on using current telecommunications technology, specifically E-mail and electronic bulletin boards. (HTH)

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Providing Support for Families in Special Circumstances

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IN THIS ISSUE

This is an eclectic issue of the *FRC Report*: we've included a range of articles, mostly written by practitioners for other fellow practitioners, which describe their programs, evaluation methods, and strategies for success. In issues not devoted to a single theme, our priority is to give you, our members practical, current information you can use, regardless of your particular concentration within the field.

What could be more important than getting the money needed to run programs? **Hedy Chang** and **Cecelia Leong** of California Tomorrow lead off this issue with a detailed description of the varieties of sources of public funding: how they differ, how to approach them, what to watch out for.

Betty Cooke, Ph.D., of Minnesota's Early Childhood and Family Education Program (which operates in every school district in the state) presents the methods and results of ECFE's recent evaluation effort. **Elizabeth Sandell, Ph.D.**, outlines the questions which guided her Minnesota school district in planning for its family resource centers, which supplement ECFE there. **Ted Bowman**, Senior Trainer at the Wilder Foundation and member of the Minnesota Fathering Alliance, writes about involving fathers in family support programs. **Bess Kypros, Ed.D.**, argues that using the principles of adult education and theories of adult learning styles can help family support professionals develop and maintain partnerships with parents. And we introduce a regular column on computer technical assistance in which **Paul Deane** of the FRC's National Resource Center describes the basics of E-mail and electronic bulletin boards: how these can be useful tools for those in the field of family support, and what you need to make use of them.

Many of the programs profiled in this issue target families in special circumstances; this reflects the growth and diversity of the family support field. Ten years ago, family resource centers were primarily private, not-for-profit, community-based sites to which parents came by and large for support and parent education. The field of family support was created in the conviction that *all* families need and deserve support. But the initial successes were achieved serving middle-class families. Increasingly, family support principles and practices (such as treating parents as partners; building on strengths; understanding the cultural, physical, and community contexts of families; dealing with the entire family as a unit, not just an individual or a specific problem; focusing on prevention) are being incorporated into the broader delivery of human services with an emphasis on designing supportive programs for at-risk and multiple-need families.

We realize that stress factors combine, overlap, and reinforce each other; there is therefore a trend toward collaborating or coordinating efforts to provide comprehensive services for families with many needs. Many programs, agencies, and collaborating teams are building services around the principles of family support and thereby improving outcomes for families.

For example, in this issue, you'll see how family support is offered to families with developmental disabilities in Indiana, to families dealing with AIDS in the Bronx, to formerly homeless families in New York City, and to families enmeshed in the child protection system because of repeated incidences of abuse. You'll also read about the evolving field of family-centered care as described by the founders of the Institute for Family-Centered Care in Bethesda, Maryland. We hope that learning about these diverse efforts will convey the myriad ways that family support is helping make a difference for families around the country.

Kathy Goetz
Editor

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■ by Hedy Chang and Cecelia Leong

Finding Sources of Public Funding for Your Family Resource Program

As family support programs grow in number, moving beyond isolated demonstration projects, program administrators have become increasingly interested in funding activities through public dollars. Because most public funding sources do not recognize and value family support programs and principles, this new direction presents a challenge for the family support movement. And now, competition for shrinking federal and state monies is more intense than ever. Yet, to overlook public funds is to ignore a vast source of funding for services to families.

Family support programs can and have utilized a variety of creative strategies to obtain or increase the level of support they receive from public funding. However, the success of such strategies requires program administrators who have an entrepreneurial spirit, are willing to pursue resources aggressively, and, if necessary, advocate for the creation of new funding sources or a re-allocation of how public monies are spent. The five main strategies described below range from those which increase funding for family support programs by working within the system as it is currently structured to those which involve re-configuring the system of public funding.

Getting Funded via Family Support Initiatives

The first, and most obvious strategy is to obtain public funding through an initiative which specifically sets aside money for family support programs. Connecticut, Maryland, Minnesota, New Jersey, Oklahoma, Vermont, and Wisconsin are among the states that have done so.[1] Typically, these initiatives begin as small appropriations for pilot programs which then expand in subsequent years as the funded programs demonstrate effectiveness. For example, when Connecticut funded ten Parent Education and Support Centers in January 1987, it became one of the first states to provide family support services, including parent education, to a non-targeted population. Administered by the Department of Children and Youth Services, funding has been expanded to fifteen sites.[2]

Though difficult to obtain and maintain, this type of funding is often the most flexible. Such funding, however, is not assured from year to year and tends to function as "core support" or "seed" dollars. Programs need to supplement these funds with additional resources.

Administrators with experience operating family support programs can play a key role in developing state initiatives. By working closely with legislators over time, administrators can educate policymakers about the need for an initiative and then work with legislative staff to ensure that the resulting legislation incorporates family support principles and allocates the necessary resources.[3] Especially during times of fiscal scarcity, program administrators may need public support and advocacy coalitions in order to establish or preserve funding for such initiatives.

This article is excerpted from "Obtaining Public Funding for Programs to Strengthen Families" in *Keeping the Lights On: Fundraising for Family Support Programs*, now available through the Family Resource Coalition.

Targeted Grant Programs

A second, less straightforward, strategy is to seek funding under a state or federal grant program which addresses a related issue such as substance abuse, teen pregnancy, or children at risk of child abuse. Such grants typically fund a selected number of demonstration sites, often for a limited period of time. Though family support may not be the primary objective of the grant, a program which advocates family support principles may be able to qualify for funds because this service delivery approach is a successful way to treat an identified problem. For example:

In 1990, the California Office of Child Abuse Prevention invited nonprofit organizations and institutions of higher education working closely with schools to submit proposals for three-year demonstration projects which would provide child neglect prevention and intervention services to children ages five through eight and their families. Entitled LEARN (Local Efforts to Address and Reduce Neglect), its goals were to improve coordination between schools and service providers, increase family functioning and self-esteem and reduce the number of children referred to county welfare departments for neglect.

One LEARN program is a joint effort of a non-profit agency, the Los Angeles Children's Bureau, the Ocean View School District and the Orange County Social Service Agency. Operating at two elementary school sites, the project offers families a broad array of services including: parent education classes and support groups, transportation, Parents as Teachers training, day care, self-esteem groups for children, and health screening. To meet the needs of the largely Latino student population, most of the program's direct service providers are bilingual and bicultural.

A guiding principle of the project is family involvement and empowerment; the program is structured to involve parents at many levels.

Less than one year after this project began, money was found to expand service eligibility from the original target group of children aged five to eight and their families to all families attending the two elementary schools. This new

money was obtained through a new statewide initiative known as Healthy Start. Its primary objective is to improve outcomes for children and families by encouraging the development of a comprehensive range of services accessible through the schools.

Expanding Services through Strategic Partnerships

Collaboration or the development of strong partnerships between family support programs and other family-serving agencies is a third strategy. In this case, the family support program does not directly seek monies for its own activities, but makes arrangements for another agency which receives public support and shares common goals or clients to provide a needed service. Agencies interested in jointly providing services engage in a number of arrangements which range from developing referral procedures to collocating services at a single site to arranging to share staff.

The East Bay Perinatal Council's Oakland Birth to School project illustrates the advantages of collocating services. Birth to School incorporates three separate programs under one roof: the Oakland Parent Child Center which provides services for children aged birth to three; the Oakland Head Start program which is funded through the federal Head Start program; and the Comprehensive Perinatal Services Program which is funded through Medi-Cal (California Medicaid) reimbursements. Core funding for Birth to School comes from private foundations. Collocation, despite the extensive time it takes to develop agreements between the different partners, is a powerful strategy since it allows groups to share overhead costs (e.g. rent, telephone, support staff, etc.) and provides clients with access to comprehensive services.

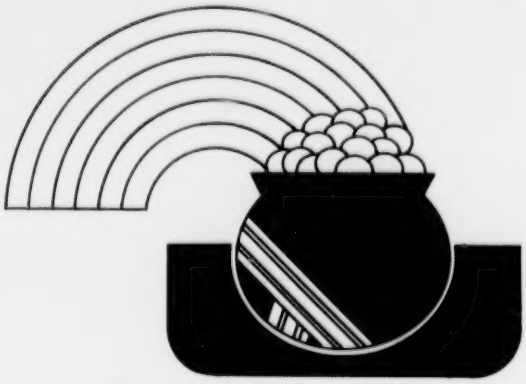
Making collaborative arrangements, however, is not an easy process and the difficulties involved should not be underestimated. Agencies often have differences in approach, philosophy, and organizational protocol. Many differences can be traced directly to restrictions placed on the agencies by their funding sources, particularly when the monies flow from a federal or state categorical program.

Tapping Categorical Funding Streams

Programs engaged in family support can seek funding directly from federal and state categorical funding streams. Such funding streams typically offer support for specific types of services to individuals who meet set eligibility requirements; these funds are contingent upon state or local matches. Examples of these categorical funds are monies available through Title XIX of the Social Security Act (Medicaid), Title IV-E of the Act's Job Opportunity and Basic Skills (JOBS), the Individuals with Disabilities Education Act (Public Law 99-457), Chapter 1 (Elementary and Secondary Education Act), and Even Start. Because this strategy requires extensive work with state policymakers and strong knowledge of federal programs, it is the most difficult. However, these programs represent the largest potential sources of funding.

In recent years, shrinking state funds for human services have compelled a growing number of state policymakers to increase the extent to which existing or proposed new services (including family support type services) are funded by federal categorical programs.

Although such a strategy relies heavily upon negotiations between state and federal officials, program administrators need to be aware of and involved in these efforts. First, if a state embarks upon this strategy it may provide family support programs with the opportunity to gain access to federal funds. Second, program administrators' involvement can be critical in ensuring that such plans take into account the impact complex eligibility, provider status, and reimbursement categories requirements have on a program built around principles of family support. Consider the experience of Charlene Clemens, the Director of the San Francisco Teenage Pregnancy and Parenting Program.



Founded in 1981, TAPP is a joint effort of the departments of social services and public health, the University of California at San Francisco, the school district and two nonprofit child and family service agencies. An interagency comprehensive service delivery system, TAPP employs case managers (called continuous counselors) to serve pregnant and parenting adolescents up to age 17. Embedded within the TAPP program are strong family support principles. Staff actively seek to involve members of the client's family including parents, guardians, siblings or grandparents and strive to help adolescent mothers and fathers define their concerns, identify alternative courses of action, maintain their motivation, and obtain needed services.[4] Initial funding for TAPP came through a federal demonstration program. Its immediate impact led to the creation of the California Adolescent Family Life Program (AFLP), which funds similar efforts throughout the state.

Most recently, Charlene Clemens, the current project director, has been involved in discussions held by the state to determine how federal Medicaid dollars could be used to maintain and expand AFLP services. They are specifically considering whether TAPP case management is reimbursable through Medicaid. Such reimbursement would have the benefit of funding services through a more stable funding stream. In addition, since Medicaid is an entitlement program, there is no cap on the number of eligible adolescents

who can receive Medicaid reimbursable services. While supportive of this effort, Clemens is concerned about the impact of using Medicaid. She does not want her programs's mission and activities to be compromised by the restrictions of a particular funding source.[5]Issues raised by this proposal are:

• **Time:** Medicaid billing and accounting can be a time-consuming process. Is it worth the hassle involved?

• **Eligibility:** TAPP can only be reimbursed for certain services provided to Medicaid-eligible individuals. Currently, TAPP serves anyone who walks in the door, including adolescent fathers.

• **Quality:** Can TAPP maintain the same quality of services under Medicaid? Medicaid reimbursement categories separate case management from direct services. Would this drive a wedge between case management and direct services?

• **Mission:** Is Medicaid consistent with the mission of the organization? This is the most troubling question for Clemens. While Medicaid case management is based on a medical model of service provision, TAPP case management is a very different psychosocial, educational, and health model which seeks to address many other non-medical facets of a client's needs.

Changing the Nature of Public Funding

As the discussion about Medicaid reveals, most public monies are categorical, meaning that they can only be used for specified services or clearly defined target populations. This funding approach makes providing comprehensive services to families extremely difficult. Some advocates believe that infusing family support principles into our system of service delivery requires fundamental changes in the nature of public funding. Specifically, many are arguing for decategorization. Decategorization is the effort to create greater funding discretion by removing categorical program requirements such as income, residency, or age limitations. This radical approach is far from easy to accomplish, particularly because it demands such strong commitment to change from policymakers and requires the establishment of a different system of accountability.

It is, nonetheless, being tried on a limited scale. One example is the three-year decategorization experiment, started in 1989, being conducted in two counties in Iowa. The Iowa General Assembly passed legislation which allowed the counties to fold a number of categorical programs[6] into a single child welfare fund which could be used to finance services provided under a more client-centered system.

Challenges in Funding

Seeking public funding poses many challenges for program administrators. It is difficult to simply keep abreast of potential funding sources and major efforts to reconfigure the system of public funding. In order to stay current, program administrators must continually seek out information on funding. One important information-gathering technique is keeping in contact with departments likely to fund family support activities, particularly those activities which respond to major public concerns such as the need for childcare, substance abuse prevention, and family preservation. Such information is also available through published sources of information such as *The Federal Register*, which describes all federal grants, or through electronic bulletin boards and databases, such as Dialog or Lexis/Nexis, which maintain information on federal, state, and local grants.[7] Administrators may also find out about important new initiatives by contacting related professional and advocacy organizations such as the Child Welfare League of America, the American Public Welfare Association, the Children's Defense Fund, and the Family Resource Coalition.

Identifying a potential public funding source is just the first step in the process. In addition to assessing the impact of the funding on her organization, the administrator must create and implement a successful strategy to obtain funding. The assessment process is one in which the administrator carefully weighs the costs and benefits of pursuing an identified source of funding; during this process, the administrator must judge whether the costs of meeting reporting requirements outweigh the benefits of additional funding or if program changes required by the funding source would compromise her organization's mission. The assessment should also include a realistic appraisal of the energy that will be required. At times, obtaining federal, state, and local grant monies can depend as much on the ability of the program administrator to exercise political clout as on a high quality proposal.

Ultimately, in order to make public funding widely available for family support programs, individuals and organizations involved in family support must work together to develop a clear agenda and strategy for public funding. Tapping the largest funding sources and reconfiguring the current system of funding require negotiations at the state and national levels. Program administrators working alone cannot influence these high-level negotiations. Before coming to the table, however, those who advocate increased public support must agree upon a strategy for pursuing public support. Should it be its own separate categorical funding stream? Should it be blended or decategorized funding? Should family support advocates work toward generally reconfiguring the system of public funding? A consensus is crucial: family support advocates must compete with other organizations for a share of increasingly scarce public funds.

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[1] GOETZ, KATHRYN, ed. (1992). *Programs to Strengthen Families: A Resource Guide*. Third edition (pp. 165-180). Chicago, Illinois: Family Resource Coalition.

[2] Ibid., p. 165.

[3] FRANK FARROW, et al. (1990). Challenges and opportunities for public policies on family support and education in *Helping Families Grow Strong: New Directions in Public Policy*, (papers from the Colloquium on Public Policy and Family Support), sponsored by The Center for the Study of Social Policy. Family Resource Coalition.

[4] BRINDIS, CLAIRE, BARTH, RICHARD P. AND AMY B. LOOMIS (1987). Continuous counseling: Case management with teenage parents. *Social Casework: The Journal of Contemporary Social Work*, (p. 166). Family Service America.

[5] Interview with Charlene Clemens, August 13, 1992.

[6] Programs included in the legislation were foster care, family centered services, subsidized adoptions, day care, local purchase services, juvenile institutional care, mental health institute placements, juvenile detention, protective services and others. For additional detail, see Chapter 234, Section 203, subsection 9, paragraph i, Acts of the Seventy Second General Assembly of the State of Iowa, Volume 1 (1987).

[7] Since these services can be expensive, the untrained users may want to find expert assistance such as the librarian in a local library to search for the information. FRC National Office can do limited searches of the *Federal Register*, which contains information on federal grants, for FRC members.

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■ by Toni Porter

PARTNERS FOR SUCCESS: Family Support for Formerly Homeless Families

In the late 1980s, the shortage of affordable rental housing in New York City reached near-critical levels. The City was housing more than 5000 families a night in barracks-style shelters where families slept on cots crammed against each other or in welfare hotels rife with drugs and crime.

The City's response was an ambitious housing plan whose stated aim was to rehabilitate 10,000 apartments in hundreds of buildings that had been abandoned by their landlords or taken over by the City for nonpayment of taxes during the 1970s and early 80s. When the renovations were complete, the plan called for some of the buildings to be turned over to not-for-profit housing sponsors who would collect the rent and manage the properties.

Most of this housing was located in the South Bronx or Central Harlem, where whole blocks had been abandoned during the 1970's. The burned or boarded-up shells of buildings stood amidst lots strewn with used tires and garbage. Crack dealers and prostitutes had taken over storefronts and street corners. There were few services of any kind, public or private. The publicly-funded services that remained — day-care centers, hospital clinics, schools, adult basic education programs — were overcrowded and overburdened.

These were the neighborhoods where the city intended to relocate families who lived in the shelter system. The vast majority were headed by single women in their mid-twenties, who had dropped out of high school; many had little or no work experience and were on welfare. More than half had children under six, many under three.

The prospects for these families and for the healthy development of their young children in the new housing were grim. The potential for failure was significant.

Could Family Support Help?

These were the motivations for Partners for Success, a demonstration program designed to attempt family support as an approach to helping formerly homeless families make a successful transition to permanent housing. A three-year effort, Partners for Success is a collaboration of Bank Street College of Education, community-based organizations, and the Edna McConnell Clark Foundation, which funds the effort.

Partners' objectives are to strengthen families by enabling them to help themselves; to help parents foster their children's development and to achieve their own personal goals; and to strengthen communities where the social fabric has been weakened.

Partners began in 1989 when the Clark Foundation made a grant to Bank Street's Division of Continuing Education to develop a family support program for formerly homeless families. The first task was to select the community-based organizations which would participate.

An RFP (request for proposals) was used for the selection process. Participating agencies were expected to serve a mix of formerly homeless families with children under six and other families with young children who had not lived in the shelter system, to avoid stigmatizing the formerly homeless families. Second, the agencies would be given the choice of using an existing family support model or developing their own approach. To help them decide, Clark sponsored a showcase of three programs—Missouri's Parents as Teachers program (PAT), the Israeli-developed HIPPY, and the Kenan Family Literacy program. And, third, the agencies were expected to collaborate with Bank Street, which served as the coordinator of the entire Partners for Success project.

After an intense process, five agencies were selected. Three were located in the South Bronx: Community School District 10 (the program is now sponsored by the New York City Fund for Public Education); the Highbridge Community Life Center, a grass roots organization offering a variety of services; and TAPCAPP, a child welfare agency that worked with teen parents. A fourth, Graham Windham Family and Children's Services, one of the oldest child welfare agencies in the City, is located in Central Harlem. CAMBA, a community development agency that specializes in adult literacy programs, is located in Brooklyn. Together, the Partners agencies were supposed to serve a total of approximately 250 families, ranging from 25 to 60 families per agency.

Partner Agencies Develop Service Plans

Of the five initial Partners agencies, three decided to use an existing model. TAPCAPP and Graham Windham chose PAT, which calls for monthly home visits by trained parent educators to help parents foster their children's development. Each said they planned to adapt the PAT model to meet the needs of the families. Based on its experience with adult basic education, CAMBA chose the Kenan Family Literacy model. It planned to offer the literacy classes, early childhood actitivies, and parent-child interactions, the basic components of this model at its site in a church basement in Flatbush, a neighborhood in central Brooklyn.

Athena and Highbridge decided to

develop their own approaches. Athena's model drew from some elements in Maryland's Friends of The Family. To be close to the newly relocated families, it intended to use an apartment in one of six rehabilitated buildings on a single block as the site for its program.

Like Athena, Highbridge's program was to be located in the housing to which families had moved from the shelters. Unlike Athena, it did not intend to use a single apartment as its site. Rather, it would organize clusters of eight families in each of four rehabilitated buildings to meet together on a weekly basis in each other's homes for a 26-week period.

Bank Street's Role

As the coordinator of the program, Bank Street has played several roles. From the outset, the school has seen its primary function as that of a facilitator, modeling family support principles and approaches with the Partners agencies' staff. Just as they were to build on family strengths to empower their families, Bank Street attempted to build on the strengths of the agencies to empower them to become family support programs.

That means monthly meetings on topics chosen by the staff. Visiting experts are brought at the staff's request. It also means that staff learn from and support each other. Monthly meetings include time for problem-solving and sharing, which ranges from exchanges of information about free activities or new City policies that may affect the families to workshops by individual Partners agencies on sucessful elements of their programs.

Bank Street also helps the Partners agencies document and assess the results of the joint efforts between the five agencies and the school. For example, along with them, Bank Street has developed participant registration forms, monthly participation status forms, and a semi-annual progress report form; and is currently engaged in developing measures for assessing outcomes by designing and testing its own interview instrument which the Partners staff will administer, tabulate, and analyze.

Bank Street also offers technical assistance and training in child development and parenting education, two areas in which it has a history of expertise. This aspect of the school's role has been crucial, because the Partners agency staff did not, for the most part, have experience in early childhood, and many of them, while strong on working with parents as adults, did not have formal experience with working with adults as parents.

Much of the technical assistance has focused on helping the Partners staff design and develop the early childhood components of their programs and took the form of consultations with the individual Partners agencies at their sites. By contrast, most of the training occured as supplements to the regular Partners meetings.

When it was suggested that Partners develop its own curriculum to meet the needs of the families, the staff responded enthusiastically and a parenting education curriculum for formerly homeless families based on these programs' experience is being developed collaboratively.

What Are the Results?

During the past two and a half years, Partners has evolved from a group of agencies bound together by the common goal to a tight network with a strong belief in the effectiveness of the family support approach. While each of the Partners has retained individual characteristics, all now offer a common set of core activities. Each program offers parenting education workshops, early childhood activities in spaces that are appropriately equipped to meet children's developmental needs, and access to literacy, adult basic education, and job training.

Equally important, Partners appears to have succeeded in its goal of being a demonstration of the effectiveness of family support for formerly homeless families. Between October, 1990 and July 1992, it served an average of 220 families a month. With the exception of one family, all were African-American or Latino. Eight of ten were headed by single mothers, most of whom had been homeless. During this period, fewer than three per cent have returned to the shelter system. At an average annual cost of $3,000 per family compared to $ 30,000 in the shelter system, Partners seems to be worth the investment.

Concerning the goal of adult development, the program also seems to be working. In nine out of ten of the families for whom data were reported, the parent(s) had not gone beyond high school; six of ten did not have a high school degree. Almost all of them were unemployed and dependent on public assistance. By May, 1992, approximately 63% of participants had been referred to educational or job training programs. Seven had found jobs.

The programs also appear to have had some success in helping parents foster their children's development. This summer interviews were conducted with a 20% sample of the participants to explore the impact in this area.

The interviews revealed that many participants regarded parenting education as their favorite component of the program, that it had helped them to communicate with their children and to understand them better, and that they had learned better ways to discipline.

To what elements of our programs should these indications of success be attributed? Based on the interviews it appears that the staff play a vital role in the effectiveness of the programs. Across the Partners agencies, participants repeatedly mentioned the warmth, responsiveness, and non-judgmental attitudes of the staff as key factors in their growing confidence in themselves, their ability to support their children, and their decisions to make changes in their lives. It also appears that the location of the programs in the neighborhoods where families live, and, in some cases, in their buildings, makes a signficant difference in enabling families to develop supports which are important for all families, but especially for those who have survived the trauma of being homeless. In addition, our interviews seem to indicate that the basic aspects of Partners' programs—parenting education, early childhood services, family activities, and access to education and job training—are the very features that attract and keep families.

Partners has also taught an important lesson. When the program began, everyone was skeptical about the potential of family support. Three years later, all those involved have become believers in its power to enable families to support themselves. From experience, it has been learned that the results can extend far beyond the short-term impact of helping families who have been homeless succeed in their new communities to the longer-term outcome of helping families make positive changes in their lives and those of their children.

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■ by Betty Cooke, Ph. D.

Minnesota Early Childhood Family Education: Evaluation Results

Early Childhood Family Education (ECFE) is a statewide public school program for all Minnesota families with children between the ages of birth and kindergarten. Currently offered in the 397 school districts and four tribal schools in Minnesota, ECFE is accessible to 98% of families with young children in the state. More than 220,000 young children and their parents participated in the program during the 1991-92 school year. Approximately $30 million in state and local revenue is currently allocated for the program. It is the oldest and largest family education and support program in the country.

Early Childhood Family Education programs meet the needs of families in their communities in a variety of ways. Most programs include the following components: parent discussion groups; play and learning activities for children; parent-child interaction activities; special events for the entire family; home visits;early screening for children's health and developmental problems; information on other community resources for families and young children; libraries of books, toys, and other learning materials.

Series of various types and intensities of services are offered, and families choose the ones most appropriate for them. Typically, a family attends a weekly two-hour session which includes parent-child interaction time and additional learning opportunities for the children while the parents participate in a parent discussion. Families needing more or different services may receive home visits and other more specialized programs. Special services are also offered for single parents, teen parents, parents of children with disabilities, employed parents, and others. Program activities are provided by licensed parent educators and early childhood teachers at schools, shopping centers, apartment buildings, homeless shelters, churches, and other community sites.

The Evaluation Process

Staff from a statewide sample of 24 ECFE programs worked with a nationally-known and widely-published program evaluator, Michael Q. Patton, and Minnesota Department of Education ECFE program specialists on an evaluation project to study the effects of the program on parent participants. A key purpose of the study was to make the evaluation process part of the regular program and to involve program staff in data collection and analysis. Patton worked with local program staff to develop a set of interview questions to be asked of parents new to the program prior to and at the end of participation during the 1990-91 school year. Questions focused on core elements of change likely to occur for parents in ECFE programs across the state. Program staff were trained to conduct the interviews and to analyze the data from 183 parents (156 in general parent groups, 16 in single parent groups, and 11 in teen parent groups) who completed pre- and post-program interviews. Analysis involved identifying changes in the parents' responses after participation in the program for one year. The participatory evaluation process served to "connect program staff to participants in ways that expanded their understanding of participants' perspectives and experiences,"[1] and also to make the staff feel more involved and invested. This increased the likelihood that recommended program changes derived from the process would actually be realized.

The Evaluation Outcomes

Each parent's complete response to each interview question was coded and counted. The majority of coded parent responses reflected significant changes in the ways the parents saw themselves and behaved as parents after a year of participation in an Early Childhood Family Education program. Among the general parent group, 61% of their responses showed change, while 67% of the single parents' responses, and 59% of the teen parents' responses indicated change.

Five overall change themes were evident in the responses of all parents:

1. Increased feelings of support from others, knowing they "are not alone," that other parents have similar problems and concerns, feelings and experiences;

2. Enhanced confidence and self-esteem as a parent;

3. Increased knowledge, awareness, and understanding of children and child development and of the parental role in relation to child development;

4. Changed perceptions and expectations for themselves as parents and for their children based on this increased knowledge, awareness, and understanding; and

5. Changes in behavior based on

increased feelings of support from others, increased self-confidence, increased knowledge, and changed perceptions and expectations of their children and themselves.

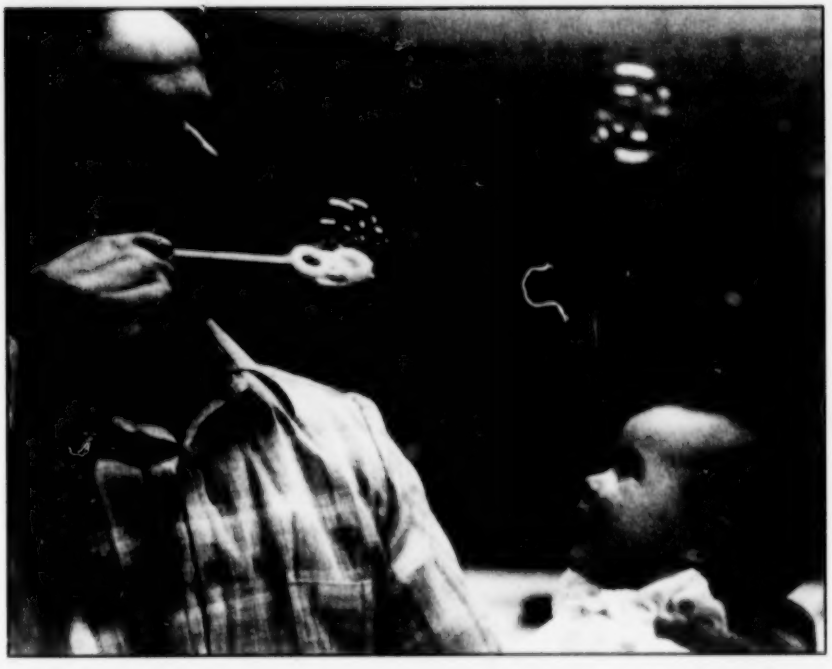
Specific examples of types of behavior change indicated by parents included more frequently:

- Stopping to observe, listen, and think before acting with their children, a move from immediate reaction in situations to forethought before action;
- Incorporating their children's perspectives in their responses to the children, becoming more attuned and sensitive to their children's needs and point of view;
- Giving time and attention to their children;
- Offering choices to their children;
- Encouraging their children to explore and to solve problems, rather than doing things for them;
- Modeling new behaviors;
- Talking about and explaining situations to their children;
- Allowing their children to express feelings, including anger;
- Redirecting their children's behavior when needed;
- Removing themselves or their children from challenging situations to regain composure;
- Involving another adult when needed.

Many parents, after a year of program participation, indicated a larger repertoire of developmentally appropriate interaction strategies and more options or alternatives for responding to and interacting with their children. Some parents described a decrease in such behaviors as yelling, hitting, and spanking, and a reduction in feelings of inadequacy and guilt.

Over three-fourths of the parents indicated that they observed a number of changes in their children which they associated with program participation. These included:

- Improved social interaction and relationships, development of social skills;



- An increased sense of self-confidence and self-esteem;
- Language development and increased communication skills; and
- Greater expression of feelings.

All of these are commonly recognized elements of school readiness.

Recommendations

Early Childhood Family Education program staff involved in data analysis identified the following recommendations for ECFE curriculum and program development based on study results.

1. Ensure that all activities broaden parents' knowledge of child development and parent-child and family relations;

2. Provide regular opportunities to address parental concerns related to guidance of children;

3. Emphasize the importance of families acquiring support and resources;

4. Increase recognition of the value and use of parent-child interaction;

5. Clearly communicate the program's goals to parents;

6. Continue to emphasize parent self-esteem and parent self-care as being of value both to parents personally and to their families;

7. More explicitly incorporate development of family communication and problem-solving skills into program content;

8. Provide opportunities for parents to become involved with the program on a short- or long-term basis;

9. Increase involvement of *both* parents;

10. Encourage and continue to create ways for family members to spend more time together.

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(A copy of the full evaluation report is available from the author of this article.)

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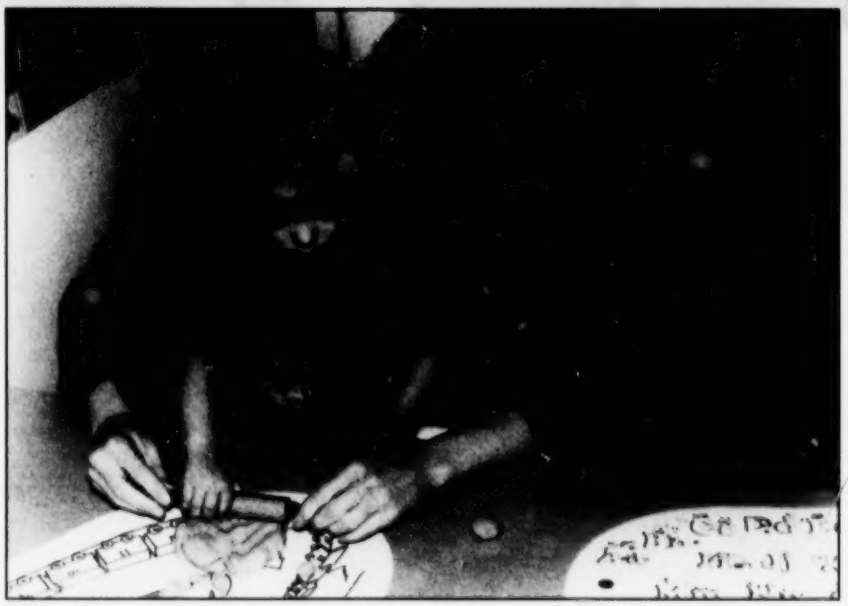
■ by Elizabeth J. Sandell, Ph. D.

SO YOU'RE PLANNING A FAMILY RESOURCE CENTER: Considerations to Guide the Process



During the past eighteen years, Independent School District 625 in St. Paul, Minnesota has been very supportive of early education and parent involvement. Minnesota's state program, Early Childhood Family Education (ECFE) has been widely implemented with state and local funding. Since 1988, the 625 District staff have viewed family resource centers as a variation on the ECFE theme which can promote equity and diversity in education and contribute to school readiness. Three such centers have already been established with a combination of ECFE and grant funding. Eventually the school district hopes to create a network of centers, one in each neighborhood (meaning approximately eight to ten throughout the city).

In setting up such a system of family resource centers, the District 625 public school staff members and advisory councils have developed a set of questions to guide policy and program design decisions for newly established family resource centers. The responses to these questions help decision-makers tailor such programs to the unique concerns, needs, and strengths of individual city neighborhoods. Planners in other areas will find their own criteria, realities, and priorities. Examining the issues and thought processes which helped form the St. Paul network may help other communities in their efforts to design successful centers to strengthen families.

Establishing Basic Principles

Why is a family resource center necessary? What needs of families motivate this program? What impels the community to plan such a program?

Replies to these questions will begin to define the scope and specificity for a family resource center. The centers in St. Paul are based on the premise that all parents benefit from information and support for their parenting roles. Some parents may be more isolated from positive assistance. Some families are less likely to seek substantial informal or formal help from individuals or community programs. Meanwhile, low- income conditions may cause higher rates of family chaos and stress. The resource center staff work to help parents gain access to informal and formal support systems within their neighborhood and community.

Roles of Participants

What relationship does the family have to the community? What relationship does the family have to the professionals?

Responses to these questions will identify the roles of participating families as they relate to staff members in a family resource center. The traditional medical model presupposes a hierarchical professional-client relationship. In such a deficit-based model, the staff member diagnoses the need and prescribes services. The professional assesses the client, establishes the goals, and evaluates progress. Help flows from the profes-sional to the client.

District 625 centers are developing around the more contemporary consumer model, which presupposes a collaborative partnership between project staff members and family members. In this "parent as expert" model, decisions are made jointly and are based on an exchange of information and experiences. Families are seen as resourceful and competent in shaping the content and tone of services. Together, parents and professionals organize, implement, and evaluate. Project staff members find that they experience change, too, when they are open to new ideas and influences. The St. Paul family resource centers were designed with the involvement of community residents who were interested in providing educational and support services to parents and young children. Parents provide input through advisory councils, setting family goals and describing strategies for achieving those goals, and participating in project evaluation efforts.

Target Population

Who will be eligible for services, according to geographical boundaries, income levels, family situations, and educational levels?

Decisions about who will be receiving the direct and referral services help determine exactly which program components to provide. The centers in St. Paul are identified by city planning areas, which are generally correspond to groups of neighborhoods. Although there are no income eligibility guidelines for individual families, the first three family

resource centers have been located in lower income neighborhoods. Because the funding sources are oriented toward health and school readiness, services are available to expectant parents and families with at least one child between birth and kindergarten.

Evaluating Needs & Results

What are the needs of families involved in the family resource center? How will we decide which services to offer? How will we evaluate the impact of the family resource center services?

In the planning phase for each District 625 center, formal demographic data was collected including information on economics, race or ethnic group, and educational background of neighborhood residents, and on the services and resources already available to the community. With resident involvement, informal data was collected on community social patterns, identities of informal community leaders, and where neighborhood residents would usually go for advice.

Parent and community input may help assess family strengths, resourcefulness, current functioning, coping strategies, and parent-child interaction styles. This information can help parents and staff together to develop individualized family plans for programming. Aggregate information can help staff members design program components and report to funding sources. Funding sources require accountability, so some formal evaluation process may be necessary.

Which Components?

Is the purpose of the centers general or specific? Will the program be single- or multiple-focus?

Funding sources dictated that family centers in District 625 be directed to providing parent education, preventing child abuse, school readiness, neighborhood development, and health care. Consequently, these centers have been established as multiple-focus programs: they offer early childhood and parent education, positive parent-child interaction opportunities, and they try to strengthen the connections that families have with community agencies.

What components will the program include? How will services be delivered? Will family resource centers provide direct services? Will they coordinate or collaborate with other agencies? Engage in advocacy?

The St. Paul centers incorporate a variety of direct services, along with referral and coordination with community services. Because of their focus on families with young children, all District 625 centers include at least home-based parent education and drop-in parent-child interaction experiences.

The St. Paul family resource centers have been designed with the flexibility to move beyond a traditional, targeted, information-based approach to parent education and toward a comprehensive, ecological approach to family support.

Therefore, depending on the concerns and goals expressed by neighborhood families and on funding available, the centers may also incorporate other programming, such as family literacy and English as a Second Language programs, health care information and education, family special events and field trips, clothing exchanges, emergency food shelves, transportation to appointments, health screening, lending library, nutritional services, employment counseling and training, and mental health counseling and referral. The variety of components offered may be determined by the level of existing community collaboration among agencies and providers.

Location

Will the family resource centers be tied to any single agency? Where will they be located?

For the three original family resource centers, the St. Paul District acted as sponsor and fiscal agent. This worked because the public school system already had the image of serving all children and families without regard to income or family situation. An affiliation with the schools reinforces the relationship of student school achievement with family and child well-being.

Because of funding and space availability, two of the three St. Paul centers were located in neighborhood storefronts and one was located in a school building. The storefronts proved more accessible to many families with transportation limitations or who were uncomfortable in school settings. The family resource center which was located in a school building is not on a bus route and does not have easy pedestrian access found location to be a liability. Planners should think carefully availability and accessibility when deciding on location.

Staffing

What role will staff members take with families: friend or teacher, social worker, facilitator or problem-solver, expert or collaborator, decision-maker or negotiator? At what level will staff members be hired and paid?

Since the District 625 family resource centers are based on a consumer model, staff members are take the roles of facilitator, collaborator, and negotiator, according to the tasks at hand. Weekly staff meetings in large and small groups help staff members maintain a consistent approach and ethical boundaries.

Service delivery to diverse populations is often a cross-cultural experience. Typically, in a medical, hierarchical model, professionals are licensed and experienced middle-class people, and clients have less education and represent diverse ethnic and cultural backgrounds. For family resource centers, however, hiring staff members from within the community facilitates the delivery of services. Staff members may be chosen to approximate the ethnic, cultural, or class backgrounds of the participating population. In St. Paul, this has meant creating a paraprofessional level of home visitors and community outreach workers who are hired from within the community. Each home visitor contacts about 10 to 13 families each week. Home visitors have weekly individual consultations with a licensed supervisor and attend weekly staff development meetings.

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■ by Janice L. Hanson, Ph.D., Elizabeth S. Jeppson, Ph.D., Beverley H. Johnson, B.S.N.

Promoting Family-Centered Services in Health Care and Beyond

In recent years, families and professionals such as physicians, teachers, and psychologists who are working together to provide services for children have moved in the direction of a family-centered approach to services. This strategy recognizes the importance of collaborative relationships between family members and professionals and the importance of shaping services for families according to family-identified needs, perspectives, and choices.

Table 1
Key Elements of Family-Centered Services

- Recognizing that the family is the constant in a child's life, while the service systems and personnel within those systems fluctuate
- Facilitating family/professional collaboration
  —in the care of individual children;
  —in program development, implementation, and evaluation;
  —and in the formulation of policy
- Honoring the racial, ethnic, cultural, religious, and socioeconomic diversity of families
- Recognizing family strengths and individuality and respecting differing methods of coping
- Sharing with families, on a continuing basis and in a supportive manner, complete and unbiased information
- Encouraging and facilitating family-to-family support and networking
- Understanding and incorporating the developmental needs of infants, children, and adolescents and their families into service systems
- Implementing comprehensive policies and programs that provide emotional and financial support to meet the needs of families
- Designing accessible service systems that are flexible, culturally competent, and responsive to family-identified needs

Source: National Center for Family-Centered Care. (1990). What is family-centered care? (brochure). Washington, DC: ACCH.

Family-centered care is an approach to service delivery that emphasizes family/professional partnerships and sensitivity to families' unique strengths, priorities, and preferences. Table 1 delineates the key elements of family-centered services. Family-centered services arise from a respectful, collaborative relationship with families. These elements help families and professionals plan and evaluate services.

A family-centered approach to services entails rethinking attitudes about families, professionals, and service delivery, and re-examining the assumptions by which we operate. Implementing family-centered services requires all of us who provide care and service for children—families and professionals—to engage in individual and institutional reassessments in order to translate these principles into daily attitudes and practices and to allow our attitudes and expectations to evolve.

The Institute for Family-Centered Care

The Institute for Family-Centered Care, based in Bethesda, Maryland, is a newly-formed organization of nationally recognized leaders in child health, early intervention, education, and child and family advocacy. In partnership with families and professionals from many disciplines, the Institute promotes understanding and practice of family-centered services. The Institute seeks to promote principles of family-centered services in systems providing care and support to children and families, including health, education, mental health, and social service. The Institute pursues its work through materials development, consultation and training, information dissemination, research, and public policy initiatives.

History and Evolution of Family-Centered Care

The basic elements of family-centered care were originally articulated in relation to health care, specifically in relation to families of children with special health care needs. Awareness soon developed that the principles of a family-centered approach also applied to other systems of care, such as education, mental health and social services (Jeppson, 1988). Although the language and articulation of the elements of family-centered care (also termed family-centered services) came from the health field, parallel movements with different language, but similar principles, arose simultaneously in other fields.

As families and professionals have worked together to implement and understand family-centered care, the language of the key elements has been refined. One example of this development, since the main ideas were first set forth in 1987 in *Family Centered Care for Children with Special Health Care Needs* is cultural competence. Although the intent from the beginning was for family-centered care to encompass culturally appropriate understanding and practice, the need to state this explicitly became more obvious over time. One important change, therefore, involved adding a ninth element and modifying wording to highlight the importance of honoring the racial, ethnic, cultural, religious, and socioeconomic diversity of families. Learning how to design and deliver appropriate, sensitive, and effective services to families from a wide variety of backgrounds remains a pressing need in implementing the principles of family-centered care.

A second example of a change in understanding is an evolving view of the nature of the partnership between family members and professionals. In the early thinking about family-centered services, families were considered equal partners with professionals. Over time it has become clear that this is not an equal partnership: family perspectives and choices must take precedence over those of professionals. Families retain the right to make choices and decisions for their children, even when their choices differ from the choices of professionals.

"Over time it has become clear that this is not an equal partnership: family perspectives and choices must take precedence over those of professionals."

Thoughts about Further Implementation

The challenge and fulfillment of family-centered care come in evaluating existing services and looking for ways to more effectively involve and respond to families. As we look to the future, several areas deserve special attention in implementation. One, as stated above, is cultural competence; if services are to be truly family-centered, they must respond to family diversity and values. A second area deserving attention is family/professional partnerships, and finding ways to promote family/professional dialogue at the individual program level and in activities for developing policy. Tables 2 and 3 provide checklists that programs might use to evaluate their services in the areas of cultural competence and family/professional partnerships.

Table 2

Honoring Family Diversity and Values A Checklist for Family-Centered Services

Do we . . .

learn who is included in the family and who needs or wants to be involved?

learn what supports the family wants?

find out each family's customs or preferences regarding language, religion, health practices, kinship, food, and holidays?

honor family values, customs, and choices?

help families identify and use their preferred support networks?

assist families to use their preferred spiritual resources?

recruit staff who share the language and ethnicity of communities surrounding the program?

provide information and services in the languages of the surrounding communities?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992). Caring for children and families: Guidelines for hospitals, p. 196. Bethesda, MD: ACCH.

Table 3

Promoting Dialogue and Partnerships A Checklist for Family-Centered Services

Do we . . .

demonstrate our respect for families as experts on their children?

involve families as equal partners in all aspects of service?

assure that family priorities and choices guide services?

identify a single individual who will coordinate services with the family?

make sure staff members introduce themselves and explain their roles and functions?

assure that clear, useful, and comprehensive information is shared with families?

learn about families' unanswered questions or concerns?

offer choices for family participation?

ask about family satisfaction with services?

offer a variety of ways for families to request changes or express dissatisfaction?

honor family requests for exceptions to policies and procedures?

help staff and family find common ground when disagreements occur?

analyze, with families, problems that occur to see what can be learned to improve communication and service?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992). Caring for children and families: Guidelines for hospitals, p.196. Bethesda, MD: ACCH.

As we seek to implement culturally competent, family-centered services, it is important to increase both the number and diversity of the parents and other family members who serve in advisory and consulting roles. Table 4 provides a checklist to help programs increase family participation in advisory roles. To be successful in this, we need to be flexible and develop innovative approaches to seeking input. Partici-

pating in ongoing advisory committees is an effective way for some families to share in development of practices and policies. For other families, attending a meeting once, advising by phone, or sharing thoughts in informal community settings may be more valuable.

Family-centered care is a set of dynamic, evolving concepts,

Table 4

Incorporating Family Expertise at All Levels
A Checklist for Family-Centered Services

Do we . . .

arrange timely and regular feedback from families about policies, programs, and practices?

respond to recommendations from families?

include families in program-level decisionmaking?

hire experienced family members as consultants or advisors?

include families as teachers for staff in-service training sessions?

compensate families for their time, expertise, and expenses when they serve as consultants, advisers, and teachers?

make experienced family members available as a source of information and support for other families?

offer all families regular referrals to a variety of family-to-family support and networking groups?

Adapted from: Johnson, B.H., Jeppson, E.S., & Redburn, L. (1992) Caring for children and families: Guidelines for hospitals, p. 197. Bethesda, MD: ACCH

and the evolution of family-centered understanding and programs will continue. This shift in perspective and practice holds the potential to produce a broad-based revolution in stategies for service delivery.

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Janice L. Hanson, Ph.D., Elizabeth S. Jeppson, Ph.D., and Beverley H. Johnson, B.S.N. work together at the Institute for Family-Centered Care. For further information or to be put on the Institute mailing list, contact: The Institute for Family-Centered Care, 5715 Bent Branch Road, Bethesda, MD 20816. Phone 301/320-2686, FAX 301/320-0048.

For further information on resources for families coping with HIV contact:

National Pediatric HIV Resource Center
Children's Hospital of New Jersey
15 South 9th Street
Newark, NJ 07107
201/268-8251

A non-profit organization that serves professionals who care for children and famililies with HIV infection and AIDS. The Center was founded in 1990 and offers consultation, technical assistance and training for medical, social service, and planning personnel. NPHRC promotes family-centered, comprehensive, community-based systems of healthcare and is dedicated to assuring the delivery of care that is caring, competent, and culturally sensitive.

NPHRC is developing a national network of service delivery systems which can meet the needs of children, women and families with HIV infection and AIDS. Currently, it provides complete information on 30 direct service demonstration project sites operating in 18 states, the District of Columbia and Puerto Rico. These sites, which are part of a 1988 pediatric/family HIV healthcare demonstration grant established by Congress, are coordinating their activities with those of other public and private agencies to develop comprehensive, family-centered coordinatedservices

National AIDS Clearinghouse
Atlanta, Georgia
800/458-5231

Located within the Centers for Disease Control (CDC), the Clearinghouse serves as a central information network on AIDS and HIV infection.

Pediatric AIDS Foundation
Santa Monica, California
310/395-9051

Founded by Elizabeth Glaser, the Foundation provides funding for research on pediatric AIDS and HIV infection, offers emergency assistance funding for programs, and sponsors several "think tanks" annually on pediatric AIDS and HIV infection.

■ by Christine Vogel

COMPREHENSIVE AIDS FAMILY CARE CENTER: A Model Treatment Program in the Bronx

A diagnosis of AIDS hits all families hard. But it's especially difficult for families who have lived with loss, poverty, and a sense of depression and hopelessness even before the HIV or AIDS diagnosis. Additional problems of single parent families, widespread drug use, and the fact that many of the children may also suffer from cancer or hemophilia (if they acquired HIV from contaminated blood products) present program providers with a complex range of issues that must be addressed, both medically and through supportive efforts on behalf of the families.

In 1981, Dr. Arye Rubinstein, Director of Allergy and Immunology, at Yeshiva University's Albert Einstein College of Medicine in the Bronx, New York, diagnosed the first suspected case of pediatric AIDS in the United States. Three years later, he established the nation's first pediatric AIDS center. And later, the Comprehensive AIDS Family Care Center developed as the complexities of dealing with both the medical and psycho-social issues associated with pediatric AIDS became manifest. A coordinated team effort among pediatric immunologists, social workers, nurses, and health planners, the family-centered program has been recognized as a model for the care of AIDS-affected families.

As of October, 1992, there were 242,146 diagnosed cases of AIDS nationwide, according to the Center for Disease Control; 4,051 of these were among children under the age of 13. The number of people estimated to be HIV-infected is about four times that number — nearly one million.

The number of HIV-positive newborns is the highest in the country in the Bronx, where the AIDS Family Care Center is located. Defining family members as "anyone who has close social contact with an HIV-infected woman or child," the Center treats patients referred by all the surrounding hospitals and community agencies.

To date, the Center has treated more than 3,000 HIV-diagnosed individuals. Currently, there are 350 children in treatment at the Center, as well as 150 pregnant women involved in federally sponsored experimental drug trials (since 1989, the Center has housed the National Institute of Health's AIDS Clinical Trial Group).

A child with AIDS signals an entire family at risk, says Anita Septimus, M.S.W., the Center's Director of Social Services.

Intravenous drug use is associated with over 70% of the families, many of whom are at the poverty level; 80% are from minority backgrounds. When an HIV-positive infant is identified, the mother often simultaneously discovers that she is also infected, and that she has infected her child. Sometimes, the adults are as sick or sicker than their children. The Center offers them all coordinated care under one roof, provided by a consistent group of professionals with whom they may be able to build some level of trust.

"People are reluctant to divulge the fact that they have AIDS, as they might be willing to do if they had cancer," says Septimus. The stigma associated with an AIDS diagnosis breeds isolation among a group that is already isolated and vulnerable. "A family-centered approach helps minimize isolation, and the continuity of treatment providers is crucial — the same doctor, nurse and social worker may serve the entire family. These families don't want to have to repeat their stories over and over again."

The Family Center's multidisciplinary staff consists of an administrator (Septimus); 8 pediatric immunologists; 6 nurses; 4 social workers; a pregnancy study coordinator and three support staff. Because the Center serves a multi-cultural community, Septimus strives for the same diversity in the staff and as many bilingual health professionals as possible. "We are sensitive to cultural issues, and that helps us serve the community better," she says.

The Center's family support component consists of eight major service areas:

- Information and referral services identify the appropriate medical and mental health care treatments for a family.
- Psychosocial assessments evaluate the type and number of mental health care services a family may need.
- Crisis intervention provides immediate services for suicidal patients, help for emergency shelter needs, and grief counseling.
- Weekly support groups provide mothers, primary caregivers, and siblings with support and problem-solving techniques.
- Family therapy is designed to help families improve communication and develop adaptive ways of operating as a unit. It helps families to restructure themselves, while respecting the prevailing kinship system, sibling roles, and generational hierarchy.
- Outreach and advocacy programs help families negotiate public assistance agencies, and provide school advocates, legal interventions, substance abuse outreach, protective and foster care, and necessary social and financial supports .
- Treatment coordination insures that patients will keep their medical appointments and followups.

The Center also organizes summer camp programs; arranges for members of the hospital's Clown Care Unit to visit weekly the inpatient children who are receiving IV Gamma Globulin treatments; takes part in funerals and memorial services; and organizes holiday celebrations. These efforts help both patients and health professionals to see one another as people.

Spending time together also gives the professionals more opportunity to educate parents and caregivers in the complex tasks of helping their children maintain optimal health.

Septimus emphasizes some key issues to consider concerning support for AIDS-affected families. "We need to pay particular attention to non-infected siblings, since they're going to lose a brother or sister *and* a parent. They're the future orphans of AIDS." She also points to the need to provide emotional (and in-home) support for the grandmothers "who are supporting both a dying daughter and grandchild. That way, they'll be more prepared when the time comes," says Septimus.

The Comprehensive AIDS Family Care Center charges no service fees. Most patients are on Medicaid or receive aid through a variety of social services in the community (the state Human Resource Administration, for example, provides housing entitlements for individuals with AIDS). The Center receives funding from a number of federal, state and city sources, including the New York State Department of Health, the National Institute of Health, and COBRA, a case management refund program. In New York City, AIDS has become the leading cause of death for women aged 25 to 35. Since women are more likely to contract AIDS heterosexually than men, the overall implications for the future of pediatric AIDS are alarming. Septimus urges counseling and AIDS awareness. "An effort must be made to lessen the stigma so people can seek the care they need. We can't afford the luxury of ignoring AIDS."

Christine Vogel is staff writer for the Family Resource Coalition.

■ by Margot Ann Sabato

IN-PACT: Indiana's Family Support Program for People with Developmental Disabilities

I N ♥ P A C T

In the summer of 1990, the Indiana Governor's Planning Council for People with Developmental Disabilities circulated a Request for Proposals to develop family support/crisis intervention models for urban and rural areas around the state. At that time, there was no formal state-funded support service for families with members with developmental disabilities who chose to reside in their natural homes. In-Pact, a social service agency in Crown Point, Indiana was awarded a grant to develop a family support pilot project in an urban area.

In-Pact was established approximately 10 years ago in response to the needs of people with autism. The agency is now considered the area's leading provider of services to people with autism and other developmental disabilities. Some of the services In-Pact provides in the community include residential group homes for children and adults, alternative family placement, epilepsy support, and summer programs.

Through years of providing services to the community, In-Pact recognized a tremendous need for services to families who choose to keep their children with developmental disabilities at home instead of seeking residential placement. With the grant from the Governor's Planning Council, the Family Support Program of In-Pact opened its doors in December of 1990. The basic objective of the program was to develop a new service delivery system for families with children with developmental disabilities. It sought to provide training and support mechanisms to help keep the families intact and every family member fully integrated into the community.

The ultimate goal was to lessen the need for these families to seek out-of-home placement for their children. This would greatly reduce the amount of money that the State of Indiana would required to provide to maintain these children outside of their families' homes.

In-Pact's Family Support Program completed its second year in September of 1992, and in those two years, it has provided some form of service and support to over 30 families, and helped 60 others with referrals. Of those 30 families, over 60% said that their involvement in the Program has delayed or prevented a possible out of home placement. Information compiled in the first year of the project showed that the Family Support Program spent an average of $3,400.00 per family on individualized training and support. When this sum is compared to the cost of maintaining one child in a state-funded residential facility (between $40,000.00 to $80,000.00 and more per year), it is easy to see that a substantial savings can be realized by providing the necessary supports to the family.

But the question of whether or not to develop an encompassing state wide family support program should not be reduced simply to an economic feasibility study. Most families do not want to give up the care and nurturing of one of their children to an outside agency. This is a heart-wrenching decision from which many parents and children never fully recover. A preferable practice is to give the families what they need so that they can best care for their children in their own home.

In-Pact's Family Support Program is family- and consumer-driven. When the family first meets with the Program staff, a detailed case history is taken. Over the course of the next few weeks, the staff and the family work to develop a list of objectives based on what the family feels are its greatest strengths and needs. Based on these objectives and on what each family feels it needs to maintain the family unit, a service plan is developed. Because family dynamics differ, so too do family plans. The amount of program intervention varies according to the family's needs.

Some families' needs are small, such as a referral to an appropriate social service agency, or perhaps a quality respite care worker so that the parents can go on their first vacation in years without the children. Some parents need training in basic behavioral management such as reinforcing only their children's appropriate behaviors. Using techniques such as role playing and modelling, and through videotaping, the staff help the family learn new and proper ways of dealing with their children's more challenging behaviors. Whenever possible, existing community services are utilized first, so that available services in the community are not duplicated.

One single father needed someone to watch his son who has autism after school while the father worked. Instead of providing a respite care worker for that period of time, which would have been the typical response to such a problem,the Program arranged for the boy to attend the local grade school's latchkey program. The school was hesitant to provide such service to the boy because of his disability, so the Program agreed to have one of their staff supervise for as long as it would take for the school staff and the boy to feel

comfortable with the arrangement. This supervision was only necessary for ten days. This arrangement represented a substantial savings in respite care costs, while putting the child in a much more appropriate situation for a child of his age.

Other families' needs are greater, necessitating a greater expenditure in funds and staff time. And the needs of a family are never static. As the children and the parents grow older, new situations present themselves continually.

The Family Support Program was developed to evolve with the families, and to provide them with the necessary training and supports throughout their lives. The Program has provided in-home therapies (as an adjunct to formal therapies such as physical, occupational, and speech), behavior management techniques, advocacy services to schools and workshops, summer camps, adaptive-behavior and pre-educational-skills training, respite care funding and workers, environmental modifications, and specialized equipment. The Program also provides many pro-active services, such as parents' support groups, in-service and educational conferences, a monthly newsletter, social events, and a computerized bulletin board network to provide information for and about people with disabilities.

As the Family Support Program begins its third year, new funding sources are being sought. The State of Indiana has recently begun its Home and Community-Based Waiver Programs through Medicaid, and it is anticipated that this will be the major funding source for such programs for the next few years. Also, based on the work of the pilot projects of the initial grant through the Governor's Planning Council, two bills will be presented to the General Assembly this January. The goal of these bills is to provide a secure funding source to establish family support programs throughout the state. Together with the Medicaid Waiver Program, and the possible new legislation, the future of Family Support for people with disabilities is beginning to look very positive in the State of Indiana.

Margot Ann Sabato is Coordinator of the Family Support Program. She can be contacted at In-Pact, Inc., 182 W. North St. Crown Point, Indiana 46307, 219/662-1905.

■ by Ted Bowman

INCLUDING FATHERS IN FAMILY WORK: Now It's More Than Just Talk

Talking about working on parenting issues with fathers has become more common than actually working with fathers. Strange as it may sound, this represents progress. Twenty-four years ago, I, the father, was not allowed to be present at the birth of my child, a policy reminiscent of the comment attributed to Margaret Mead that fathers are a biological necessity but a social accident. Seven years later, Michael Lamb described fathers as the forgotten contributors to child development. (Lamb, 1975). This transition from sarcasm and inattention to inclusion in most family education programs is indeed progress. There is, however, much to be done if this talk is to be translated into effective work with fathers, whether in the workplace or at another community site.

In this brief article, suggestions for working with fathers in relation to balancing work and family issues will be offered. They are offered to stimulate your thinking about options and approaches which enhance the quality and volume of services utilized by fathers.

1. Be wary of biases about fathers and parenting. Much of what's written is negative and blames fathers for avoiding household responsiblities, not paying child support, lack of involvement in parent education, etc. Strong father-child relationships may not be as widely publicized. Presume that fathers want quality relationships with their children. On the other hand, deal with the reality of fathers, not an imagined ideal. Be open to a range of fathering experiences, attitudes, and methods.

2. Listen to the specific desires and needs of working fathers as you plan and execute your program. Let them guide you in choosing topics for attention. Here are some possibilities not typical to all parent support programs:

- Long-distance dads and stepfathers
- Rights of non-custodial fathers
- Conveying values
- Dads and their traditions
- Rites of passage
- Becoming the father I never had
- Telling my story to my child

Such topics as these complement traditional themes, such as communication, discipline, school readiness, and relationship-building, which are also of interest to fathers. (see Johnson and Palm, 1992).

3. Be open to varieties of meeting schedules. Working parents of both genders are time conscious. Commitment to a six to eight week group may be unrealistic and out-of-sync with men's wishes. Single sessions can have more impact than no meetings at all. Be willing to modify your typical standards or approaches to reach a population that may desire services but in a different format than you have typically provided. A fathers' advisory committee could help in making these decisions.

4. Use both indirect and direct educational tools. For example, men may be wary of self-disclosure in the workplace environment. Use case studies, vignettes, fictional stories as ways of getting at real issues without requiring men to talk about themselves.

5. Appeal to fathers' values and commitments. "What do you want your children to remember most about or from you? What's the one message you for sure want them to have learned from you?"

6. Draw on the workplace for analogies, yet be ready to help men to see differences between child-rearing skills and those of being an effective worker. "All of us developed pictures of work and its place in a man's life as we grew up. I'd be interested in hearing some of those early messages and in exploring similarities and differences between workplace values and parent-child values." In other words, be provocative. Use men's experiences as an entry into parent-child material.

7. Find champions with influence. A director of an Air Force Family Support Center told me that when his base commander left meetings to pick up his children from day care, work-family programs took on new prominence. Use your advisory committee or other connections to find key people in union or management ranks who can champion your program.

The time is ripe for attention to fatherhood concerns. Seize the moment in traditional and innovative ways. Family resource and support programs can be, indeed must be, father resource programs. Then, fathers, mothers, and, most all, children will benefit.

For perspectives on men, families and work, the following books contain materials useful to family educators.

Being a Father: Family, Work, and Self. Edited by Anne Pedersen and Peggy O'Mara. Santa Fe: John Muir Publications, 1988.

Men's Lives. Edited by Michael S. Kimmel and Michael A. Messner. New York: Macmillan Publishing Company, 1989.

Parenting Together: Men and Women Sharing the Care of their Children. Diane Ehrensaft. Urbana: The University of Illinois Press, 1990.

Staying the Course: The Emotional and Social Lives of Men Who Do Well at Work. Robert S. Weiss. New York: The Free Press, 1990.

To Be a Man: In Search of the Deep Masculine. Edited by Keith Thompson. Los Angeles: Jeremy P. Tarcher, Inc., 1991.

Working with Fathers: Methods and Perspectives. The Minnesota Fathering Alliance. Stillwater, MN: nu ink unlimited. (available through the Family Resource Coalition), 1992.

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JOHNSON, LOWELL AND PALM, GLEN (1992). Planning programs: What do fathers want?. In *Working with Fathers: Methods and Perspectives* written by the Minnesota Fathering Alliance. Stillwater, MN: nu ink unlimited.

Ted Bowman is Senior Trainer for Community Care Resources, a program of the Wilder Foundation in St. Paul, MN. He is also one of the members of the Minnesota Fathering Alliance, which wrote Working with Fathers. *He has been a working father for 24 years.*

■ by Bess Kypros, Ed.D.

Understanding Adults' Education and Learning Styles Helps Build Partnerships with Parents

Professionals who work with families often seek ways to develop their partnership with parents. This article will treat several principles of adult education and theories of adult learning styles which if understood and applied may aid the formation and continuation of a strong parent-agency partnerships.

Adult Education

Malcolm Knowles (1980), an expert in the field of adult education, states that andragogy, the art and science of teaching adults, differs from pedagogy in the following ways: 1) adults desire immediate application of their learning experiences, 2) adults know what they need or desire to learn, 3) adults come to learning situations with many past experiences to draw upon to facilitate education, and 4) adults come to learning situations ready to learn.

It is also important that parents have positive aspirations for their children and are therefore usually keenly motivated to act for their children's welfare. Because of this motivation, parents come to family-oriented agencies ready to learn. Knowing what they need to learn, they come ready to build on their past positive experiences. Perhpas they had unpleasant experiences with agencies in the past and need to be convinced that working in partnership with an agency will indeed benefit their children. These parents may find it difficult to believe that the institution is interested in their involvement or that this involvement will mean greater success for their children. Apprehensive parents can often be encouraged to attend if they can be convinced that their child will benefit from their participation at a center. Some parents will need a follow-up telephone call. Everything than can be done should be done to make it possible for parents to attend including providing transportation, and childcare.

Once parents come to the agency, the adult educator can welcome them to a physical environment and an emotional climate that are relaxed and "threat-free," laying the ground work for adult educator is one of facilitator rather than a transmitter of information. As an expert in the process of education, the adult educator connects with the parents by

validating the parents' importance, laying the foundation for partnership.

When parents respond, a partnership begins. Parents, experts on their own children, join with professionals, who are experts in their field. Together they work for the benefit of the children.

The following questions can be used to help set goals: What qualities or characteristics would you like your child to possess when he/she reaches age eighteen? What will your child need to learn in order to fulfill these goals? What skills would you like him/her to learn or master this year? What will you do to help him/her? What would like the agency to do to help him/her? What other groups play a role in this skill and character development (school, scouts, church, Little League)? What do you expect of them? (Kypros, 1990)

Once the goals have been set and each partner recognizes the part she or he will contribute to the welfare of the child, resources and strategies are brought in in order to reach the long- and short-term goals. Parents and professionals meet periodically to assess progress and to offer support to each other. Each can share known procedures and materials; books, videos, lectures, discussion groups, and activities can be suggested to help parents formulate goals.Parents may also want to meet with other parents to share resources and experiences.

Adult Learning Styles

The same strategies and materials will not be useful for all parents. David Kolb (1976) researched adult learning styles and identified four groups: the thinker, who prefers to learn through abstract conceptualization; the feeler, who prefers reflective observation; the intuitor, who prefers active experimentation; and the sensor, who prefers concrete experiences. A careful match of Kolb's learning styles can be helpful when teaching parents.

Parents who fit into Kolb's Thinker style will respond to lectures, talking-head videos, and reading materials. These parents enjoy hearing the advice of experts. Feelers enjoy meeting in small groups to share experiences and to give one another mutual support. They can make use of didactic approaches, but they learn best by processing the information in small groups. Sensors learn best with a "hands on" approach. They enjoy involvement that requires working together with other parents. Building educational props or preparing materials gives them pleasure. Intuitors are usually talented in the visual or performing arts. They are not enthusiasts for group participation but enjoy sharing their talent sometimes. Structure and plans may turn them off, so they should be used as soon as they volunteer. A questionnaire given out early in the formation of the partnership can help professionals can determine the learning styles of parents. After assessing the goals and learning styles of parents, professionals begin planning activities that match the needs and learning styles of parents.

Understanding adult education and learning styles helps professionals facilitate communication. Families win when parents and agencies work together.

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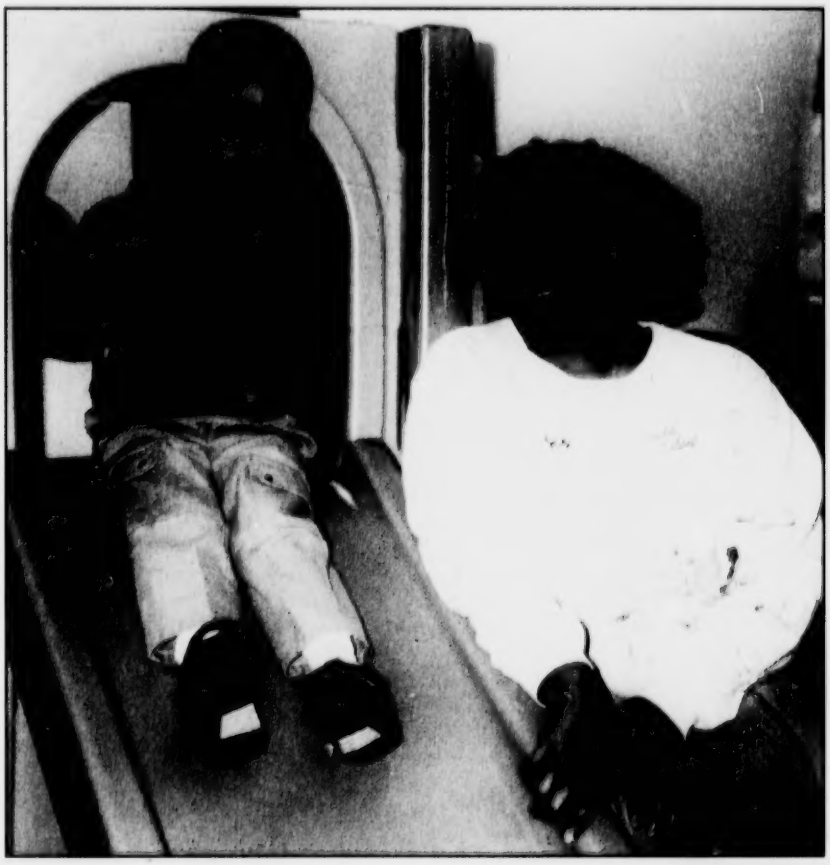
■ by Teresa Byland, M.S., L.I.S.W.

U-Turn: Promoting Healthy Changes in Families with Chronic Child Protection Problems

The U-Turn Program in Rochester, Minnesota, offers a comprehensive array of services on one site to serve families who have continuing history of contact with child protection services. Olmsted County Community Services operates U-Turn from its Child Services Unit, in collaboration with several community non-profit agencies.



How U-Turn Developed

The sense of a "need for something better" emerged from the Child Services staff's feeling that Rochester lacked a cohesive package of services for families classified as chronic child protection cases. Services were fragmented and sporadic, scattered in different locations around the city. Many obstacles were confronted by parents struggling with low incomes and chaotic lifestyles. Often they did not possess reliable transportation, to be able to keep appointments for parenting classes, support groups, supervised child visitation, and other services in locations throughout Rochester.

U-Turn was designed to remove as many obstacles as possible and give the families involved in the program the best chance of success. Social workers in the Child Services Unit approached the agency's administration with the idea of developing a comprehensive parenting program. Representatives from Child Services, Corrections, Law Enforcement, the School District, Early Childhood Family Education, Child Care Resource and Referral, the Judiciary, private agencies, and the Guardian ad litem Program attended monthly meetings throughout 1990 to plan the program. Requests for Proposals went out in the fall of 1990. Agencies responding could offer a proposal on the program as a whole or on just a single component. All proposals submitted were for single components. U-Turn started providing services on April 29, 1991.

Values and Goals

The core value of U-Turn is that every child has the right to a safe, secure, and nurturing environment. Secondary values include: that the family unit should be the primary focus for planning for children; that services should reflect respect for families and should assist the empowerment of parents; that U-Turn reflect the importance of children and families to communities.

U-Turn's goals are: to provide an individualized parenting plan through assessing each family's needs and parenting skills; to educate and support parents to help them provide a safe, nurturing environment for their children; to collaborate with and/or coordinate existing community resources; to promote family reunification and permanency planning for children; and to assist adult participants to develop and accomplish personal goals.

U-Turn's primary concern is the best interests children, although services are for parents. In most cases, the best interests of the child and the parent will be the same. In the small number of cases in which interests are not identical (because the parents cannot make the changes necessary to provide a safe environment for the child) U-Turn advocates for permanency planning.

Service Delivery

U-Turn operates from 9am to 3pm on Mondays, Wednesdays, and Fridays and has five components:

• **Parenting Lab**—Children are brought to the Lab to spend an hour—part structured and part un-structured, with their parents. In families with more than one child, only one child at a time comes to Lab. School-age children attend Lab during the summer but not

during the school year. Toys, books, and art supplies are available. Parent Educators are present to provide guidance and support, and when Court-mandated, supervision.

• **Parenting classes**—Parents attend two classes each day. Taught by the parent educators, these follow a curriculum which focuses on the basic needs of a child; and guidance, discipline, behavior management and punishment.

• **Life Skills Class**—This class is taught by a counselor from a private agency and focuses on coping with the challenges of daily life. The training covers a wide range of issues; from healthy sexuality to balancing a checkbook. Guest speakers frequently take part in this component of U-Turn.

• **Support Group**—A licensed psychologist leads the Support Group. Sometimes a topic is planned, but more often participants talk about their concerns. The support group is closed to anyone except the parents, the facilitator, and sometimes, student interns.

• **Home Visits**—Each family has a two-hour home visit weekly with the parent educator assigned to them. These visits usually take place at the home but are sometimes held at U-Turn when the parent does not have a suitable environment for the visit, such as when the children are in placement, or the parents are staying with several different friends or with a known perpetrator. All of the children in the family are present during home visits. Sometimes, this visit takes the place of a visit by a child protection caseworker. Parents whose children are in foster care generally have more contact with their children through Parenting Lab and home visits than if they were not in U-Turn.

Progressing through the Program

There are three phases to complete U-Turn. Each phase has a contract whose terms must be met before moving on to the next phase. When the third phase has been completed, the participant graduates from the program. Progress is self-paced and time for completion has ranged between five and eleven months.

During Phase I, which is designed to be completed in thirty days, issues to be addressed are identified and tasks which connect to the parent's schedule and needs are defined. Each parent is assigned a Parent Educator who will stay with the parent throughout his or her participation in U-Turn, making home visits, helping to define goals, and writing the contract for each phase.

Phase II of U-Turn is open-ended in length. There are six Parenting Goals. Examples of Parenting Goals include communication skills, setting limits and discipline. The participant is required to demonstrate both an awareness of the importance of, and an ability to put into practice, a skill or concept in a setting with the children. Goals for the Parenting Lab, include planning and directing a Lab activity and practicing the newly learned skills. Finally, participants address the development of a support system and a Life Plan.

Phase III of U-Turn is also open-ended in length. Goals of Phase III include applying skills learned in the program and preparing an aftercare plan, so that services and support are in place when the client leaves the program. The Life Plan continues to be developed during Phase III.

After a client graduates from U-Turn, home visits continue for a two-month period, at a frequency determined by the staff and the child protection worker. Parents may attend the Support Group for as long as they like.

The maximum capacity of U-Turn is nine parents. Staff consists of three parent educators, a licensed psychologist, a counselor, and a coordinator, who is a Senior Social Worker in the Olmsted County Child Services Unit. The Coordinator is the only County employee at U-Turn. All other U-Turn staff are employees of private agencies under contract with the County. Student interns from area colleges are an integral part of the program.

Evaluating U-Turn's Effectiveness

Number and ages of children, age of parent, reason for child protection services, level of education, employment status, and disabilities of the parent are recorded as parents enter the program. A parenting pre-test and post-test are also conducted, using the Adult-Adolescent Parenting Inventory developed by Stephen J. Bavolek, Ph.d. (the post-test is not taken by those who leave the program without graduating). Longitudinal data is gathered on program graduates as well as on those who leave without finishing, tracking subsequent placement of children in foster care and substantiated reports to child protection agencies.

Successful outcomes have been defined in two ways. First, the program is considered to have been successful if a participant graduates and the children have been returned to the home or never had to be removed. The family is followed for two years and substantiated reports to child protection authorities will indicate that the outcome was not in fact successful. An alternate kind of success occurs when the parent is unable to complete the program and reunification does not take place: many services are concentrated into each week, and the decision is accelerated. This is better for the children involved.

During its first twelve months, U-Turn served 22 parents and 37 children. Fourteen parents were discharged, of which five successfully graduated. Four of the nine unsuccessful discharges resulted in permanency proceedings, which makes for nine successful outcomes out of the fourteen discharges. This is a "success rate" of 65%. This rate is expected to decrease over time, as some of the graduates are expected to have subsequent substantiated child protection services reports which will surface in the longitudinal analysis.

Conclusion

The U-Turn Program was developed to provide benefits to its participants and to the community. The program essentially seeks to assist families in learning healthier ways to function. This is obviously beneficial to the family, but it also benefits the social service system and the community because children will stay in foster care for shorter periods and family reunifications will be more successful. Demands on the foster care system, and caseloads in child protection services and in the courts will be lessened if cases can be brought to resolution faster. Providing the county's most difficult, chronic child protection clients with the services of the U-Turn Program gives them the best possible chance for success, and it reflects the value which the Rochester community places on the welfare of children.

Teresa Byland, M.S., L.I.S.W., is U-Turn Coordinator. For more information about the program contact her at: U-Turn, 2116 Campus Dr. S.E., Rochester, MN, 55902, 507/285-8927, FAX: 507/287-2434.

■ by Paul Deane

First in a Series

Using Current Telecommunications Technology: A Guide for Family Support Professionals

E-Mail and Electronic Bulletin Boards

One of the main goals of the National Resource Center for Family Support Programs is to "enhance information flow, networking and collaboration among local programs". Many information resources are available through the NRC or from local groups. It will be of great benefit for family support organizations and professionals to become familiar with the most up-to-date methods of information retrieval and electronic communication.

We are in the midst of a fundamental revolution in the way information is processed and exchanged. The computer with modem is just beginning to have as much of an impact on the process of information storage, access, and processing as did the printing press, the telephone, and most recently the fax machine. The medical and scientific communities were the first to appreciate and incorporate these changes. The business community adopted them soon after, bringing large economies of scale. We are now seeing the incorporation of computers and telecommunications into the fields of the social sciences and family support and the non-profit sector.

There are three related tools central to the new telecommunication technology: 1) electronic mail, 2) electronic bulletin boards, and 3) database storage and retrieval of information. This series of articles will describe each of these tools and ways to access them at the local level or through the National Resource Center. This article focusses on electronic mail and electronic bulletin boards.

E-Mail

In almost all fields of endeavor, the primary source of information and knowledge is the grapevine. Individuals usually first seek the know-how and experience of their colleagues or experts in the field when they have a problem to solve. Electronic mail is the primary way to expand and enhance the grapevine using computer and telecommunication technology. It is a system for exchanging notes, memos, letters and other short documents rapidly. Some electronic mail systems also allow the transmittal of long documents and other computer files. An electronic mail system consists of a central computer that maintains the E-mail program and stores the "mail" to be accessed by individual computers or workstations. These connections may be "hard-wired," that is, directly connected by cables or wiring of some sort; or available as a dial-in service over telephone wires. Typically, these can be accessed via a local phone call or an 800 number for between $6 and $10 an hour, much cheaper than long distance rates. An individual "logs in," or connects to the central computer and identifies him/herself with a code name and a security password. A program on the central computer checks to see if there is any new mail and notifies the individual. An individual may dial in from any of numerous computers to access his or her files.

Once in the system, an individual may read new messages, recall old messages that have been saved, "download" messages or files to one's personal computer or disk, or send a message to someone else in the network. Frequently, messages are typed on a word processor prior to logging into the system and simply "uploaded" or moved into the E-mail program. These E-mail systems range from two personal computers wired together in an office to large mainframe computers that have hundreds of thousands of subscribers who log-in from all over the world. Electronic mail is an alternative competing with the telephone and the fax. Each has advantages.

Some of the advantages of E-mail are: 1) Availability. You do not have to wait to directly contact another individual. Typically, one can enter an E-mail system at any time of the day. The mail is held until the recipient is ready. 2) The written word is often less easy to confuse than the spoken word. A recipient can carefully read, add comments or questions and respond in an attachment to the original document. Documents are also very easily copied or forwarded to others on the network. 3) A third advantage of E-mail, especially when compared to a faxed document, is that of being able to receive messages in a format that is easily accepted by your particular word processor, changed and printed as needed. 4) Cost savings. A long document can be sent much more rapidly, usually with a local phone call, than could the same document sent by fax via a long distance phone call or Federal Express. Documents can also be sent to many people with one transmission while many fax machines still require transmittals to be sent one at a time with accompanying labor and telephone costs.

There are disadvantages. First, the written word does not have the same immediacy as talking with someone. And, E-mail requires that someone check the system every day, perhaps several times a day. In some cases this becomes tedious, especially in large networks, where already junk mail has become a problem. Thirdly, savings are sometimes offset by subscription rates to outside providers of the service. However, the biggest disadvantage is that E-mail systems are so new that they are not as widely distributed as the phone or the fax. Today everyone has access in some form to a fax machine, even if it around the corner at the local copy shop or drug store. There are many different E-mail systems and not everyone knows how to access them. This is changing. Prices are dropping. E-mail vendors are specializing and developing "gateways" or links that make it easier to reach those that you need. In five years, E-mail systems will be as prevalent in offices and homes as the fax machine is today.

Electronic Bulletin Boards

Bulletin Board systems are the public version of E-mail. A bulletin board system consists of a central computer which maintains the bulletin board software, and information files that can be accessed by individual computers or workstations. An individual logs in or connects to the central computer and

identifies him/herself with a code name and a security password. Once in the system, a sequence of message storage areas are available to the user.

"Bulletin Board" is used as a visual metaphor to help understand how the system works. Envision a bulletin board that is divided into several sections. In each section individuals have posted messages relating to the topic for that section. Most of us used such boards in college to connect with rides home, roommates wanted, items for sale, etc. Usually, there is someone in charge of the bulletin board who comes by occasionally to discard out-of-date and irrelevant notes. A computer bulletin board works the same way. An inter-office bulletin board might contain sections (forums, areas, groups) such as personnel, news, policies, meetings and suggestion box. Each section might be further subdivided, for example, several different types of meetings or months when meetings will occur. However many levels exist, at the base there will be notices, messages, documents that are relative to the subject. Each user is responsible for learning to navigate the system, and finds information as s/he needs it.

Most bulletin boards have a monitor who may be responsible for erasing or archiving old messages; for gathering, editing, and posting information to the board; and/or for maintaining security if a bulletin board is open only to a particular group.

"Navigation" varies from bulletin board to bulletin board. Some have a set of menus to choose from, while others present you with a blank screen that expects you to know the commands which run the system. Most BBs have some sort of question-and-answer section. Users are allowed to post questions and responses to questions, usually associated by some large category of subject. Some advanced question and answer sections are live, letting individuals interact with each other in the manner of a meeting. These live meeting range from formal lectures with a question and answer period at the end to lively "bull" sessions. As with E-mail, bulletin board systems range from small office systems to large networks with hundreds of thousands of subscribers from all over the world.

The advantages of using bulletin board systems are similar to the advantages of E-mail. In fact, they are usually offered together as a package service. Costs vary from many free boards to those that require modest ($20 a month) subscription fees. This modest investment may be a real advantage, especially when compared with the costs of alternative research methods.

On the downside, bulletin boards get cluttered and may take a long time to read. Just when you have an important project that you need information to finish, your board (and your mail!) will be full of repetitive responses to questions (listing all previous responses) or notes from people using them to socialize or express themselves rather than to exchange information (the graffiti aspect). Some take time to learn. But, soon, bulletin boards will be a dominate information source.

Getting Connected

How do you go about starting? You need a computer, telephone line, and modem. Almost any computer can be used to access most bulletin boards. A good modem is the most crucial piece of equipment. Modems have different speeds and compatibilities. Your dealer can help you decide which modem is for you, but make sure that ou buy a modem with a minimum top speed of 2400 baud. To use your modem once it is installed, you need software.

Software for communication is varied. Three relatively inexpensive, popular commercial products are ProComm Plus, SmartComm and Cross Talk. Several good communication packages are also available as shareware, including ProComm, if you have a local computer user's group. Try to find software that has X, Y, Kermit, and ASCII communication protocols.

The following are two E-mail and bulletin board services of special interest to Family Support Centers:

- **HandsNet**
  20195 Stevens
  Creek Blvd, Suite 120
  Cupertino, CA 95014
  408-257-4500

HandsNet is a national network of individuals and organizations working for social change. It has over 2,200 members interested in housing, legal services, poverty, health, rural and family issues. There is a forum now being developed that will be dedicated to family and children issues. It will contain document, news, grant announcement, a calendar of events, discussion and many other areas.

HandsNet is perhaps the most user-friendly of all the E-mail & bulletin board systems. Because of this, it requires several extras in terms of hardware and software. Your computer should be at least a 386 with 2 (preferably 4) mgs of RAM memory, have a mouse, and run Windows software. A color monitor is helpful although not necessary. HandsNet costs $100 for the software and $25 a month for a subscription, plus a telecommunications usage fee of $12 an hour each month to another company. HandsNet provides technical support and will coach you through any start-up or other problems.

- **Internet**
  Available from:
  Cooperative Library Agency for Systems and Services (CLASS)
  1415 Koll Circle, Suite 101
  San Jose, CA 95112-4698
  1-800-488-4559

InterNet is the largest of the E-mail and bulletin board systems. It is actually many networks that have been connected into one giant worldwide telecommunications network. Universities, government agencies, research organizations, and defense agencies make up the backbone of the system. Internet is heavily focused on research and academic interests and information.

Most academic and research institutions have access and can give you a password. If you do not have an affiliation that can provide access, there are many organizations that can as a service to membership for a nominal annual fee and minimal telecommunication usage fees. The National Resource Center for Family Support Programs is a member of CLASS which charges $150 for an initial password and $50 for each additional password. It also charges $10 an hour telecommunication fee for an 800 number. Any computer with a modem and your choice of communication software can be used to access the network. Be warned! Internet is difficult to use and will require a computer literate person many hours and some study to learn to navigate.

Paul Deane is Director of Information Services at the Family Resource Coalition's National Resource Center for Family Support Programs, 200 S. Michigan Ave., Ste. 1520, Chicago, IL 60604. 312/341-0900.

Next time:
Databases

FAMILY RESOURCE COALITION

Resources To Help You Grow

The Family Resource Coalition, a not-for-profit membership organization, is the national leader in the family support field. Its mission is to build support and resources within communities to strengthen and empower families, enhance the capacities of parents, and foster the optimal development of children and youth.

The *FRC Report* is the Coalition's primary tool for spreading the word about family support. Whether eclectic or focused on a single topic, each issue of the *Report* concretely illustrates the principles that guide family resource and support programs and policies. Look for the list of available back issues on the card inside this issue. A subscription to the *Report* is one of the benefits of FRC membership.

The Family Resource Coalition houses the National Resource Center for Family Support Programs, which collects and disseminates information on family resource and support programs and publishes related material.

To receive a 1993 Catalog of Publications and Services, contact the Publications Department of the Family Resource Coalition (address below.)

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